



SPONSORSHIP COMMITMENT FORM

Company/Sponsor Name _____

Contact Name/Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Sponsorship Level: _____

Enclosed is a check for \$_____.

(make check payable to Mo-tivation Unlimited)

Mail or fax form to:

Mo-tivation Unlimited

Attn: Maurice Hall

P.O. Box 3634

Columbus, OH 43210